


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

| | | | |
|---|--|---|---------|
| DOCUMENT # A99000001905 | |  | |
| 1. Entity Name PLAINVIEW PROPERTIES, LTD. | | | |
| Principal Place of Business 1002 SOUTH HARBOUR ISLAND BLVD., UNIT TAMPA FL 33602 | | Mailing Address P.O. BOX 840 THONOTOSASSA FL 33592 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent PHILLIPS, MARY E 1002 SOUTH HARBOUR ISLAND BLVD., UNIT 1502 TAMPA FL 33602 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| 9. Capital Contributions as Shown on record. \$5,000,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | |
| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | PHILLIPS, MARY E | CITY - ST - ZIP | |
| STREET ADDRESS | 1002 SOUTH HARBOUR ISLAND BLVD., UNIT 1502 | | |
| CITY - ST - ZIP | TAMPA FL 33602 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | PHILLIPS, JOHN A | CITY - ST - ZIP | |
| STREET ADDRESS | 2 MAPLEWOOD STREET | | |
| CITY - ST - ZIP | LARCHMONT NY 10538 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
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| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |



MOORE CR2E003 (11/03)

4. FEI Number **59-3629866** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**PHILLIPS, MARY E
1002 SOUTH HARBOUR ISLAND BLVD., UNIT 1502
TAMPA FL 33602**

STREET ADDRESS
CITY - ST - ZIP
**000000156714
05/06/04-80003-021 526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**PHILLIPS, JOHN A
2 MAPLEWOOD STREET
LARCHMONT NY 10538**

STREET ADDRESS
CITY - ST - ZIP

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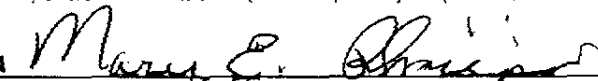
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 

Date

Daytime Phone #

STAPLE CHECK HERE